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GOEs, PCS, and BMIs: Anorexia Nervosa and the Pressures of Figure Skating

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Women's figure skating balances aesthetic beauty and athletic prowess, pressuring athletes to maintain the desired physique to both look and perform successfully. Many American women's figure skaters are beginning to speak up about their eating disorder experiences, notably anorexia nervosa while competing. Some, like 2014 Olympian Gracie Gold, have been pushed to near-retirement in their early 20s from mental and physical anguish (Garrick-Browne & Gold, 2020). This essay explores how unrealistic demands from skating culture, coaches, and societal expectations, influence the development of anorexia nervosa in American women's skaters. Coaches and skaters must consider how competition pressure and societal expectations for women's bodies can cause training behaviors to become pathological. More coaching regulations by U.S. Figure Skating as well as thorough education and professional support for skaters regarding nutrition, psychology, and health will help foster a healthier environment for skaters and the sport overall. These changes will make figure skating a more sustainable sport in the US, allowing female skaters to have longer careers and retire healthier.

According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.), there are three criteria for anorexia nervosa (AN) diagnosis, which must be observed regularly within the last three months. The first is deficient energy intake for average age, sex, and developmental requirements, leading to low weight. The second is a morbid fear of and behaviors preventing weight gain, including undereating and binge-purging, despite already being at low weight. The third is body dysmorphia and an exaggerated association between weight and self-esteem, as well as a lack of weight-related health concerns (American Psychiatric Association, 2013). Studies show that in America, AN is prevalent in young, white, affluent women as opposed to communities of color. However, this may be a skewed observation as communities of color less frequently seek medical intervention for mental distress. Popular media attributing beauty and

success to thinness also targets young women, pressuring them to conform to these standards (Haworth-Hoepfner, 1996). Moreover, undereating and malnourishment are more abnormal in populations with secure food resources compared to food-scarce populations, which may explain AN diagnoses in wealthier demographics. Thus, AN appears as a first-world disorder shaped by unrealistic Western beauty standards and the privilege of choosing one's diet.

The successful history of American women's figure skaters pressures current skaters to build upon this legacy. Figure skating is the most-watched Winter Olympic sport in twenty-two states, making it the premier American winter sport (Miller, 2023). American women have also won twenty-three out of seventy-eight medals since the inception of Olympic women's figure skating (International Skating Union, 2006). Thus, women's figure skaters are an important soft power for America and compete internationally as ambassadors of American values.

Conventionally attractive skaters are more likely to receive opportunities to compete internationally and bolster America's cultural power. Sexist, hegemonic ideals conflate attractiveness with thinness, creating a stereotype of the lithe and graceful female skater that nationally representative skaters must fit. During competition, skaters must also conform to long-standing artistic standards. Judges prefer rewarding slender skaters who have long, balletic limbs with inflated artistic scores while pigeonholing stockier skaters as "butch" and "edgy," limiting their artistic scores (Ji, 2022). Skaters are also hyperconscious of their bodies while wearing traditionally revealing, "feminine" costumes (Voelker & Reel, 2015). Furthermore, with the prevalence of thinner, pre-pubescent teenage skaters winning competitions, older skaters are considered less medal-worthy, making most female skaters "age out" of competition by their mid-twenties. This intimidates skaters into maintaining the same body for the duration of their short careers, causing distorted body image from a young age.

Additionally, skaters must secure crowdfunding or corporate sponsorship to continue competing, as U.S. Figure Skating rarely funds its athletes. The cost of training facilities, coaches, and equipment alone totals over \$2000 per season, before factoring in competition fees and international travel fares (Forsberg, 2006). Most top skaters enter at least three international competitions in different continents per season and travel cross-country to domestic competitions, racking up considerable travel bills (Rippon & Wagner, 2024). Skaters who maintain a “cleaner” public image, which includes conforming to cultural body standards, are more favorable public figures to support and thus receive more corporate sponsorships. Consequently, competitive skaters must meet corporate image demands for the continued opportunity to skate, and restrictive eating becomes a common methodology for achieving this.

Weight management is also technically concerning for figure skaters, who must maintain their physique. Physics dictates that thinner skaters jump, spin, and glide faster, which results in higher scores. Other high-scoring elements require a combination of strength and lightness for skaters to jump and complete more rotations in the air, making weight maintenance a large part of training programs. These factors cause skaters to equate weight to competitive edge and promote weight-cutting as part of training. However, 24% of skaters in a study displayed significant risk for disordered eating, and 38% considered themselves overweight despite having appropriate BMIs. These skaters also did not consume enough bone-building nutrients or protein for their level of activity, gaining 66% of their energy from carbohydrates (Dwyer et al., 2012). Although higher weights can be attributed to healthy bone density and muscle mass, skaters may prioritize lower weight over healthy body function and prefer consuming foods that provide quick boosts of energy over nutritionally rich foods. Furthermore, it is easier to shed pounds by cutting down on junk food and water compared to following a medically-backed dieting regimen.

Thus, the normalization of strict thinness and rapid weight-cutting during training leads to increased risk of AN in figure skaters.

Coaches hold the most power in a skater's life and inadvertently teach skaters to internalize AN behaviors. Many skaters begin competing young and are homeschooled to focus on training, oftentimes spending more time at the rink than at home (Voelker & Reel, 2015). Coaches become skaters' primary role models and often also influence parents' attitudes towards training, dissolving the separation between the rink and home. Consequently, skaters grow up with few non-athlete interactions and develop most of their values through the lens of competitive figure skating. Most female skaters report receiving weight pressures beginning between 12 to 14 years of age, either implicitly by observing other skaters or explicitly by coaches and parents. Coaches may ask skaters to keep food journals or compare the weight and success of rival skaters, leading to toxic training conditions (Voelker & Reel, 2015). Cultural ignorance combined with early experiences with weight shaming leads to dangerous attitudes that skaters may carry into adulthood. Without outside education, skaters may perceive constant weight pressure as normal or even necessary to satisfy their coaches and perform well. This enforced ignorance against healthy weight balance causes training behaviors to develop into AN symptoms.

Coaches must prioritize their skaters' mental well-being during training to maximize competitive satisfaction. An analysis of self-efficacy and skill inventory test scores in female skaters versus competition placement at an American summer competition showed a significant correlation between self-efficacy and predicting final results. Additionally, skaters with a stronger internal locus of control felt more satisfaction from their performance, with less regard to final placement (Silver, 2002). Thus, a balance must be struck between physical maintenance

and mental fortification while training for competitions. As the most influential figures in a skater's life, coaches must change their methods to emphasize training efforts for their students, instead of blaming external factors such as weight and body type. Skaters can thus draw more satisfaction from their efforts on the ice without fixating on their weight. Coaching that focuses on dedication and competitive resilience teaches skaters to attribute success to factors other than weight and serves them healthier values post-retirement. Finally, skaters who retire positively may continue contributing to the sport as coaches, choreographers, and media personnel, creating a larger network of healthy role models for younger skaters to look up to.

Rehabilitating skaters and protecting them from developing AN requires a reform of American coaching standards and continued athlete education. The best AN prevention comes from thorough education on nutritional needs and optimal energy balances for young, highly active adolescent skaters (Sundgot-Borgen et al., 2013). This education can come from regular consultations with health professionals, but it should come primarily from coaches, who spend the most time with skaters. Intuitive eating habits, an emphasis on nutritional value, and positive self-appraisal must be taught to skaters from a young age in their training environments. However, U.S. Figure Skating currently does not have standardized education requirements for coaches, including education on nutritional health or pedagogical techniques (U.S. Figure Skating, 2024). U.S. Figure Skating must introduce ongoing, medically-based health training for both coaches and skaters, which will improve awareness of unhealthy behaviors and attitudes toward eating and competing. Additionally, nutritionists and sports psychologists should regularly communicate with skaters, coaches, and parents to ensure that skaters are healthy as both athletes and growing adolescents. Older skaters would also benefit from mental health resources and support in regulating menstrual cycles. For skaters recovering from AN, the

International Olympic Committee's Medical Commission suggests that coaches, skaters, parents, and healthcare professionals should work together in developing individualized rehabilitation programs (Sundgot-Borgen et al., 2013). Individualized rehabilitation programs best address the multifaceted causes behind AN and should generally center around weight restoration and therapy to mend the skater's relationship to food and training. In essence, U.S. Figure Skating should invest more resources towards protecting their skaters, which will develop a healthier, more sustainable skating program. Athlete-first actions also strengthen U.S. Figure Skating's credibility as a governing body and encourage athletes to continue competing for Team USA.

While the development of anorexia nervosa in American women's figure skaters remains a complicated problem to untangle, U.S. Figure Skating, individual coaches, and skaters themselves have the power to spark a cultural change. Skaters are becoming increasingly aware of sexist cultural standards within the sport and are already resisting these expectations through original, stereotype-defying performances. Better so, the generation of skaters who were harmed by eating disorders in the 2000s are becoming educated coaches and breaking generational trauma (Garrick & Gold, 2020). All in all, hope is not lost for women's figure skating, and a cultural reckoning against eating disorders is on its horizon.

[1690 words]

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